

**DEPARTMENT OF NURSING AND
HEALTH CARE STUDIES**

Institute of Technology, Tralee, Co. Kerry.
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CONFIDENTIAL REQUEST FOR ETHICAL APPROVAL

Section A: To be completed by the researcher

1. Place of study:

2. Research Project title:

3a) Name/contact address of researcher/named applicant:

3b) Contact phone number:

3c) Current position:

3d) Name(s) and position of supervisors(s) (if appropriate):

3e) Names of other collaborators on research:

4a) Name(s) of other researcher(s) students working on this research:

4b) If another researcher is to be designated as a contact person other than the named applicant, please list their contact details.

Communication will be channelled via the named applicant/other designated researcher only.

Please tick type of researcher submitting the proposal:

Taught Postgraduate	PG - Research Student	Staff - Higher Degree	Staff – Other Research	Final Year Undergraduate Student
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5. Expected duration of research

From:

to:

6. **Aim(s) of research:**

7. **Briefly describe the design of the research:**

In addition: please ensure that you complete the Research Project Proposal form. The length of this form should be no more than 2/3 sides of A4 and **must be included with your proposal.**

8. **Will the participants be: (please tick as Appropriate):**

Department of Nursing & Health Care Studies Students?

Department of Nursing & Health Care Studies Staff?

Other (please specify):

9. **How many participants will be involved?**

10. **State how participants will be selected:**

11. **Has statistical/methodological advice been sought on the size and design of the project?**

YES NO

(If YES, please state name of adviser and qualifications)

12. **What will be required of the participants throughout the timeframe of the research study?**

(Explain in terms appropriate to a layperson)

13a) **Identify the potential risks to the interests of participants you foresee?**

13b) **Identify the potential risks to the researchers you foresee?**

13c) How do you intend to minimise any risks identified?

14a) Will informed consent be obtained from all participants? YES NO
(if written, attach a copy of the consent form)

14b) If NO, why not? (Provide rationale).

15. If there is doubt as to a participant's ability to give consent, what steps will be taken to ensure that the participant is willing to participate (e.g. assistance of independent colleague/next of kin or other means).

16. Where and how will consent be recorded?

17. What information will be given to participant(s)? (Attach copies of letters of information sheets to be given to participants).

18a) Is the participant's right to withdraw explicit?

18b) Briefly describe how this will be achieved.

19. Does the research involve any other disciplines and/or Research Ethics Committees?
YES NO
(If YES, please state which and what approval has already been obtained – attach documentation).



<p>20a) Will payments to participants be made? YES <input type="checkbox"/> NO <input type="checkbox"/> (If YES, state amount and whether payment is for out-of-pocket expenses or a fee).</p> <p>20b) How does the researcher intend to dispose of research data?</p>
<p>21a) Will the research receive financial support? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>21b) If YES, specify the nature and source of the support:</p>
<p>21c) If YES, have any restrictions been imposed upon the conduct of the research? YES <input type="checkbox"/> NO <input type="checkbox"/> (If YES, specify the nature of the restrictions)</p>
<p>22. Will any restrictions be placed on the publication of results? YES <input type="checkbox"/> NO <input type="checkbox"/> (If YES, please state the nature of the restrictions).</p>
<p>23. Are there any other points you wish to make in justification of the proposed research study?</p>
<p>24. I confirm that prior to undertaking this research I have undertaken educational activities that include preparation for dealing with those ethical issues inherent in research activity. I further confirm that I will comply with the ethical requirements incumbent in the current An Bord Altranais Code of Professional Conduct (or other code of conduct as appropriate if not a nurse).</p>

25. Signature of researcher: _____ **Date:** _____

ETHICAL CONSIDERATIONS

The following points must be assessed:

1. The merit and feasibility of the research study proposal.
2. The nature of recruitment and participation of participants from vulnerable groups.
3. Possible hazards to participants and/or researchers and adequacy of facilities to deal with them.
4. Possible discomfort, distress or inconvenience to participants and/or researchers.
5. Procedures for:
 - Providing explanation to participants, including the preparation of an appropriate information sheet
 - Obtaining informed consent from participants or, where necessary, from their parents or guardians; including the preparation of a written consent form.
 - Respecting confidentiality.
 - Operating within data protection legislation.
6. The implications of monetary or other inducements.
7. Safety requirements where a proposal involves the use of drugs, medicines, ionising radiation, appliances or medical devices.

N.B.

- **The Research Ethics Committee will retain the entire ethics approval form and the researcher will be notified in writing of the Committee’s decision.**
- **If approval is granted, a summary report will be required by the Research Ethics Committee within six months of the projected completion date.**

SECTION B: DEPARTMENTAL DECISION

To be completed by Chair of the Departmental Research Ethics Committee

EITHER:

- a) **Following consideration by the Departmental Research Ethics Committee, I now authorise the above research study.**

Signature of Chair of Departmental Research Ethics Committee: _____ Date: _____

OR:

- b) **The Departmental Research Ethics Committee is unable to approve the research study for the following reasons:**

Signature of Chair of Departmental Research Ethics Committee: _____ Date: _____

